

**Delaware Emergency Management Agency**  
ODP Sponsored Training

# APPLICATION FORM

<b>COURSE CODE</b>	
<b>COURSE TITLE</b>	
<b>COURSE LOCATION</b>	
<b>COURSE DATES</b>	

<b>Name</b> (Last, First)													
<b>Current Position/Title:</b>													
<b>Agency:</b>													
<b>County:</b>													
<b>Mailing Address:</b>													
<b>Phone:</b>	<b>Fax:</b>												
<b>Email Address:</b> <i>(This is how I will notify you of any changes - <b>I NEED TO BE ABLE TO READ IT</b>)</i>													
<b>Discipline:</b> <table><tr><td><input type="checkbox"/> Law Enforcement</td><td><input type="checkbox"/> Governmental Administrative</td></tr><tr><td><input type="checkbox"/> Emergency Medical Services</td><td><input type="checkbox"/> Public Safety Communications</td></tr><tr><td><input type="checkbox"/> Emergency Management</td><td><input type="checkbox"/> Public Health</td></tr><tr><td><input type="checkbox"/> Fire Service</td><td><input type="checkbox"/> Health Care</td></tr><tr><td><input type="checkbox"/> Hazardous Material</td><td><input type="checkbox"/> Military</td></tr><tr><td><input type="checkbox"/> Public Works</td><td><input type="checkbox"/> Other (Please Specify):_____</td></tr></table>		<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Governmental Administrative	<input type="checkbox"/> Emergency Medical Services	<input type="checkbox"/> Public Safety Communications	<input type="checkbox"/> Emergency Management	<input type="checkbox"/> Public Health	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Health Care	<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Military	<input type="checkbox"/> Public Works	<input type="checkbox"/> Other (Please Specify):_____
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<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Military												
<input type="checkbox"/> Public Works	<input type="checkbox"/> Other (Please Specify):_____												
<b>Applicant Signature:</b>													

TO APPLY, PLEASE FAX THIS APPLICATION TO:

Delaware Emergency Management Agency

Attention: Dwayne Day

Phone Number: (302) 659-2214

Cell Number: (302) 222-6633

**Fax Number: (302) 659-6876**

*(Confirmations for training will be sent via email when possible)*